

(ATTACHMENT (1))

3/30/04

SF 95 (Face)

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008					
1. Submit To Appropriate Federal Agency: REGIONAL COUNSEL, NORTHEAST REGIONAL OFFICE U.S. CUSTOMS HOUSE-7TH FLOOR 2ND & CHESTNUT STREETS PHILADELPHIA, P.A. 19106				2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code) DARRYL ORRIN BAKER NO. #19613-039 P.O. BOX 8000 BRADFORD, P.A. 16701 FEDERAL CORRECTION INSTITUTION						
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 06-30-62	5. MARITAL STATUS DIVORCED	6. DATE AND DAY OF ACCIDENT FEBRUARY 27, 2004	7. TIME (A.M. OR P.M.) 8:10 p.m.					
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) (SEE ATTACHMENT)										
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code) N/A BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.) N/A										
10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. (SEE ATTACHMENT)										
11. WITNESSES <table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS (Number, street, city, State, and ZIP Code)</th> </tr> </thead> <tbody> <tr> <td>(SEE ATTACHMENT)</td> <td>(SEE ATTACHMENT)</td> </tr> </tbody> </table>							NAME	ADDRESS (Number, street, city, State, and ZIP Code)	(SEE ATTACHMENT)	(SEE ATTACHMENT)
NAME	ADDRESS (Number, street, city, State, and ZIP Code)									
(SEE ATTACHMENT)	(SEE ATTACHMENT)									
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)										
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$20 MILLION	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$20 MILLION							
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM										
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) Darryl Baker			13b. Phone Number of signatory		14. DATE OF CLAIM 6-13-04					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)							

MEDICAL CLAIM

SF 95 (Face)

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency: REGIONAL COUNSEL, NORTHEAST REGIONAL OFFICE U.S. CUSTOMS HOUSE-7TH FLOOR 2ND & CHESTNUT STREETS PHILADELPHIA, P.A. 19106			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State, and ZIP Code) DARRYL ORRIN BAKER NO. #19613-039 P.O. BOX 8000 BRAIDFORD, P.A. 16701 FEDERAL CORRECTIONAL INSTITUTION		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 6-30-62	5. MARITAL STATUS DIVORCED	6. DATE AND DAY OF ACCIDENT FEBRUARY 27, 2004	7. TIME (A.M. OR P.M.) 8:10 p.m.	

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

(SEE ATTACHMENT) MEDICAL CLAIM

9. PROPERTY DAMAGE	
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code)	
N/A	
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)	
N/A	

10. PERSONAL INJURY/WRONGFUL DEATH	
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.	
(SEE ATTACHMENT) MEDICAL CLAIM	

11. WITNESSES	
NAME	ADDRESS (Number, street, city, State, and ZIP Code)
(SEE ATTACHMENT)	(SEE ATTACHMENT)

12. (See instructions on reverse)		AMOUNT OF CLAIM (in dollars)	
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$15 MILLION	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$15 MILLION

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Darryl Baker</i>	13b. Phone Number of signatory	14. DATE OF CLAIM 6-13-04
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Memorandum

Northeast Regional Office, Philadelphia, PA
FEDERAL BUREAU OF PRISONS

DATE: December 3, 2004

REPLY TO

ATTN OF: Henry J. Sadowski, Regional Counsel

SUBJECT: Administrative Tort Claim No. TRT-NER-2004-03801

TO: Darryl Orrin Baker, Reg. No. 19613-039
FCI Elkton

Your Administrative Tort Claim No. TRT-NER-2004-03801, properly received by this agency on June 17, 2004,¹ has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. You seek compensatory damages in the amount of \$35,000.00 for an alleged personal injury. Specifically, you claim staff did not exercise due care to protect you from being assaulted by two other inmates on February 27, 2004. You contend you were denied appropriate medical care, resulting in injury to your left eye, as well as pain and suffering.

After careful review of this claim, I have decided not to offer a settlement. Investigation reveals you were assaulted by others at the Federal Correctional Institution (FCI), McKean, Pennsylvania, on February 27, 2004. Staff did not become aware of the incident until February 29, 2004. Upon notification of an incident involving you, you were examined by medical staff and provided appropriate treatment for your injuries. You suffered multiple contusions, superficial abrasions, and bruising of the face, right arm, chest and both hands. You complained of eye pain and an initial eye exam was conducted. You refused medication to relieve the pain. Subsequently, you were evaluated by three different eye specialists. You were diagnosed with adhesions to the inferior rectus muscle. Conservative treatment was recommended. An ophthalmologist specializing in orbit injuries, advised that surgery was not worth the risk. The medical record indicates you received appropriate medical care, consistent with community standards.

You did not inform staff of any problem you may have been experiencing with any inmate or group of inmates. Without prior knowledge of a specific problem, the Bureau of Prisons cannot

¹This agency actually received two separate claims from you for an incident which occurred on the same day. Therefore, they have been combined for the purpose of this response.

Darryl Orrin Baker, Reg. No. 19613-039
Claim No. TRT-NER-2004-03801
Page Two

be held responsible for the acts of other inmates. Your failure to properly advise staff of your alleged problems with other inmates prevented staff from taking any action to protect you. There is no evidence of negligence on the part of any Bureau of Prisons' staff in this matter.

Accordingly, your claim is denied. If you are dissatisfied with this decision, you may seek reconsideration from this office or bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this memorandum.

cc: T. R. Sniezek, Warden, FCI Elkton
James F. Sherman, Warden, FCI McKean

(ATTACHMENT (2))

UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF PENNSYLVANIA

DARRYL ORRIN BAKER, :
Plaintiff, :
 :
v. : Civ. Action No. 05-147 (SJM-SPB)
 :
UNITED STATES, et al., :
Defendants. :
 :

DECLARATION OF JAMES F. SHERMAN

I, James F. Sherman, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am the Warden at the Federal Correctional Institution (FCI), McKean, Pennsylvania. I have been employed as the Warden at FCI McKean since approximately January 26, 2004.

2. In February 2004, the general population at FCI McKean consisted of 4 inmate housing units (not including the satellite prison camp), Unit A, Unit B, Unit C, and Unit D. Each housing unit consisted of two sides, A or B. The Housing Units were identified by unit and side; for example, Unit AA, Unit AB, Unit BA, Unit BB, etc. Each side of each housing unit housed approximately 150 to 160 inmates.

3. To my knowledge, on February 27, 2004, there was no BOP regulation or policy in effect which dictated the number of correctional officers, the placement of correctional officer posts within a federal correctional institution, or the specific duties assigned to correctional officers assigned to posts within

UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF PENNSYLVANIA

DARRYL ORRIN BAKER,

Plaintiff,

- v -

UNITED STATES, et al.,

Defendants.

Civil Action No. 05-147 (Erie)

DECLARATION OF BRIAN WESEMAN

I, Brian Weseman, make the following declaration under penalty of perjury:

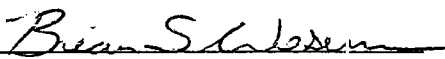
1. I am employed as a Senior Officer, United States Department of Justice, Federal Bureau of Prisons, Federal Correctional Institution, McKean, Pennsylvania. I have been employed by the Federal Bureau of Prisons since approximately January 4, 1999. I have been employed as a Senior Officer at FCI McKean since approximately January 11, 2004.
2. On February 27, 2004, I was assigned to the Custody Post of Evening Watch Unit Officer in Unit A at FCI McKean. This post ran from 4:00 p.m. through 12:00 a.m. As the Unit A Officer, I was required to be inside Housing Unit A as well as outside of the entrance of Unit A during controlled inmate movements. As the Unit Officer, I was responsible for making security inspections inside the unit, conducting cell searches, conducting pat searches of inmates entering the housing unit, patrolling the unit, and making rounds through inmate cells, bathrooms and common areas, among other duties.
3. Unit A is a large, double-tiered, triangular-shaped housing unit, with a capacity of approximately 156 inmates. One Unit Officer is assigned to this housing unit.
4. On February 27, 2004, at approximately 8:15 pm, I was standing outside of the entrance to Unit A, monitoring inmates returning to the Unit during the last controlled inmate movement of the day in preparation for the 9:00 p.m. count. During the last inmate controlled movement, inmates are permitted to return from places outside of the housing unit, including, but not limited to, the recreation areas, the education department, the law library, psychology services, or religious services, in order to be present in their cells for the 9:00 p.m. count. During this controlled movement, I would stand outside the entrance of Unit A, and conduct random checks of inmate identification cards and pat searches of inmates entering the housing unit. Prior to the announcement of the controlled movement at approximately 8:15 p.m., I would be inside the housing unit doing any of a number of different duties, including, but not limited to making rounds, completing documentation, reviewing the inmate bed book, and inspecting various areas inside

the housing unit.

5. On February 27, 2004, I did not observe any inmate-on-inmate assaults or fights, and no inmate assaults or fights were reported to me. At no time during my shift did I observe any activity or noise which would lead me to believe that inmate Darryl Orrin Baker, Reg. No. 19613-039, was at risk of assault, or had been injured as a result of an accident or a physical altercation with any other inmate in Unit A.
6. Had I learned or suspected that inmate Baker, or any other inmate in Unit A was physically injured during my shift, I would have immediately notified the Operations Lieutenant of the injury.

I declare the foregoing is true and correct to the best of my knowledge and belief, and is given under penalty of perjury pursuant to 28 U.S.C. § 1746.

Executed this 7th day of December, 2005.


Brian Weseman
Senior Officer
Federal Correctional Institution
McKean, PA

~~a BOP facility. The authority to determine the number,~~
placement and specific duties of correctional officers within a BOP facility was and continues to be a matter within the discretion of each BOP Warden during normal operations as well as during emergency situations.

4. As the Warden at FCI McKean in February 2004, it was my duty to determine how best to deploy Correctional Officers and other staff to the various posts within the compound, based upon the security needs of the institution and the effective use of limited resources.

5. In February 2004, it was my determination, based upon staffing levels, professional experience, and institutional needs, that one correctional officer would be posted on each side of each housing unit. This unit officer would be responsible for supervising the inmates inside the housing unit by making frequent rounds through all areas of the housing unit, conducting safety and sanitation inspections, distributing cleaning supplies, passes out mail, and conducting cell searches and pat searches of inmates inside the housing unit.

6. On February 27, 2004, inmate housing assignments at FCI McKean was a matter left to the discretion of the Warden, upon the advice of staff.

7. In February 2004, the decision as to which inmates should be separated, placed in administrative detention or

~~recommend be moved to other facilities was also a matter left to~~
the discretion of each BOP Warden that took into consideration numerous factors, including the safety of inmates, the ability of inmates to move about the facility, general concerns for prison security, and the effective use of limited resources.

8. In February 2004, the decision to assign an inmate to general population, as opposed to administrative detention was a matter left to the discretion of each BOP Warden based upon available information and the availability of limited resources.

I declare under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Executed this 8 day of December 2005.

A handwritten signature in cursive script, reading "James F. Sherman". The signature is written in dark ink and is positioned above the printed name and title.

JAMES F. SHERMAN

Warden

Federal Correctional Institution
McKean, Pennsylvania

(ATTACHMENT (3))

01/21/1994 01:13

8147261215

SENECA EYE MAPPER

02

SENECA EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

May 3, 2004

Dr. Nicholas Stathopoulos
Seneca Eye Surgeons, Inc.
2 Main Street
Bradford, PA 16701

RE: BAKER, DARRYL O.

19613-039

Dear Dr. Stathopoulos:

I saw Mr. Baker, your 41 year old who was struck in his left eye approximately two months ago. He is complaining at this point in time that his acuity although it has returned to normal he does get a feeling of double when he looks to the right. He also has a sensation of a foreign body in it.

On examination at this time, his acuity is 20/20 OU. There is definitely no proptosis and there is no enophthalmos. He does get diplopia. It is worse especially when he looks to the right and upwards. He does not get this looking straight ahead or down. So, he is really quite functional. I watched him walk around and he does not have to close the eye to walk.

He had a small calcium deposit in his meibomian gland in his lower lid. I removed it with tweezers. On examination of the retina he has no evidence of papilledema or compromise of any of the other structures.

I went over the CT scan. That is a very pretty picture of a floor fracture. At this point in time in the absence of diplopia in a straight ahead gaze, I still think that six more weeks of time is the answer. If at three months he definitely still has diplopia and it is causing him some serious problems it should be repaired. He still may completely clear. Fortunately despite the nastiness of this injury he sustained no obvious damage to his human lens, the anterior chamber angle or the retina.

Yours truly,



Robert J. Weiss, M.D.

Reviewed by D. Olson, MD
Date 5/5/04

COPY

Cc: Dr. Beam

RJW/lab
103 West St. Clair Street
Warren, PA 16365
(814)726-2020
1-877-MD4-EYES
Fax (814)726-1215

27 Porter Avenue
Jamestown, NY 14701
(716)483-2020
1-866-716-EYES
Fax (716)488-9295

2 Main Street
Bradford, PA 16701
(814)362-7477
1-866-814-EYES
Fax (814)362-4975

SENECA SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

June 11, 2004

19613-039

Dennis Olson, M.D.
FCI McKean
P.O. Box 5000
Bradford, PA 16701

RE: BAKER, DARRYL

Dear Dr. Olson:

As you know we have been following Mr. Baker's clinical diplopia related to a punch that gave him a blow out fracture. He also has a little bit of anesthesia involving the infraorbital nerve branches. We have given it plenty of time now, almost five months. He still has entrapment; he can not look up with his left eye without experiencing a form of diplopia that gives him extreme imbalance. He does not think that he can function this way.

His acuity is 20/20 in both eyes when he wears his glasses. My advice at this point is to do a repair of blowout fracture, release the entrapment under general anesthesia. I will leave the final decision up to you.

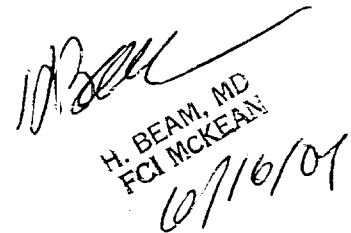
Yours truly,



Robert J. Weiss, M.D.

p.s. The patient understand that one of the side effects of doing the operation when he does not have diplopia in down gaze, only up gaze, would be that he might develop diplopia in down gaze. There is no way that I can promise him that that couldn't happen.

RJW/lab



H. BEAM, MD
FCI MCKEAN
6/16/04

103 West St. Clair Street
Warren, PA 16365
(814)726-2020
1-877-MD4-EYES
Fax (814)726-1215

27 Porter Avenue
Jamestown, NY 14701
(716)483-2020
1-866-716-EYES
Fax (716)488-9295

2 Main Street
Bradford, PA 16701
(814)362-7477
1-866-814-EYES
Fax (814)362-4975

SENECA EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

April 16, 2004

#19613-039

Dr. H. Beam
Health Center
FCI McKean
PO Box 5000
Bradford, PA 16701

Re: Darryl O. Baker
DOB: 6/30/1962
DX: Orbital Floor Fracture w/Entrapment
DATE OF EVAL: 4/15/04

Mr. Baker was seen April 15th. He had been struck in the left eye February 27th with a fist. He was complaining of blurred vision in both eyes. He does note that he gets double vision when he looks up. This is especially noticeable when he is weight lifting and doing, I believe, bent over rows and is looking straight ahead with his head tilted down.

His vision was 20/100 in the right eye and 20/200 on the left. This was easily correctable to 20/20 in either eye with an eyeglass prescription. The eyes were well aligned straight ahead. However, with up gaze the left eye did not elevate or look as far up as the right eye. I did not see any signs that the left eye was protruding further out or recessed into the eye more so than the right. The retina was normal.

The reports of the CT did suggest that there was some scarring of the floor of the orbit with possible adhesions to the inferior rectus muscle. Typically, in ophthalmology even with a fracture of the orbital floor, we like to wait at least two weeks to see that it heals on its own and the muscle entrapment is resolved. He is about six to eight weeks out and complaining of symptoms. Because he is well aligned at near, I think it would be better to take a conservative approach as the scarring is adherent to the muscle. However, it may be worthwhile to get a secondary opinion from an orbital plastic specialist who deals with these on a regular basis.

Thank you for allowing me to participate in Darryl's care. If you do not pursue an orbital evaluation, have him see me again in another three months.

Best regards,

N. Stathopoulos, M.D.

Nicholas A. Stathopoulos, M.D.

NAS/js

Cc Darryl C. Baker

REVIEWED BY

DB
4/21/04

H. BEAM, MD.
FCI MCKEAN

103 West St. Clair Street
Warren, PA 16365
(814)726-2020
1-877-MD4-EYES
Fax (814)726-1215

27 Porter Avenue
Jamestown, NY 14701
(716)483-2020
1-866-716-EYES
Fax (716)488-9295

2 Main Street
Bradford, PA 16701
(814)362-7477
1-866-814-EYES
Fax (814)362-4975

MARCH 9, 2004.

DOCTOR BEAM, M.D.

1. I DARRYL BAKER, EMERGE IN ADMINISTRATIVE SEGREGATION ON SUNDAY FEBRUARY 29, 2004.
2. I WAS SEEN BY A DOCTOR IN MEDICAL AND RECEIVED NO MEDICATION FOR MY EYE INJURY.

MONDAY MARCH 1, 2004, NURSE NELSON, CAME TO ADMINISTRATIVE SEGREGATION AND, I INFORM HER OF MY INJURY AND SHE REFUSED TO GIVE ME MEDICAL ATTENTION.

BOTH ASSISTANT WARDENS CAME TO MAKE THEIR ROUNDS UNDER BOP POLICY AND I INMATE BAKER BROUGHT MY MEDICAL NEED TO BOTH OF THE AND I WAS STILL DENIED ATTENTION.

IT'S BEEN TWO (2) WEEKS UNTIL THIS DAY AND, A MALE FROM MEDICAL CAME TO ADMINISTRATIVE SEGREGATION AND MARCH 9, 2004, AND I INMATE BAKER STILL AGAIN WAS DENIED MEDICAL TREATMENT FROM STAFF HERE AT F.C.I. MCKEAN.

DOCTOR BEAM, M.D., I INMATE BAKER, STILL HAVE A EYE INJURY DO TO THE FACT I WAS ASSULTED BY 10 INMATES. I AM STILL REQUESTING MEDICAL TREATMENT, PLEASE LOOK INTO THE MATTER.

ALSO, I BROUGHT MY INJURY TO THE ATTORNEY IN ADMINISTRATIVE SEGREGATION.

000187

2. UNDER THE EIGHTH AMENDMENT FOR CRUEL AND UNUSUAL PUNISHMENT WHEN STAFF DENY AN INMATE MEDICAL ASSISTANCES IT VIOLATES THIS AMENDMENT BECAUSE STAFF IS BEING DELIBERATELY INDIFFERENT TOWARD A INMATE MEDICAL NEED.
1. UNDER THE ANTITERRORISM DEATH PENALTY ACT WHICH WAS ENACTED CARRIES THE PRISON LITIGATION REFORM ACT WHERE A INMATE MUST EXHAUST HIS ADMINISTRATIVE REMEDIES BEFORE HE CAN PRESENT HIS CLAIM IN THE DISTRICT COURT.

INMATE BAKER

19613-039

Reviewed & Seen 3/11/04

see chart note

10/12/04
H. BEAM, MD
FCI MCKEAN

000188

BP-S148.055 INMATE REQUEST
SEP 98

O STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISON

TO: (Name and Title of Staff Member) DR. BEAM M.D.	DATE: 10/9/98
FROM: INMATE BAKER	REGISTER NO.: 169137-039
WORK ASSIGNMENT:	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

**MY MEDICINE IS ALL GONE AND THE BUAPS ARE
RETURNING. I NEED SOME STRONGER MEDICINE**

THANK YOU,

(Do not write below this line)

DISPOSITION:

**Please bring this up with the
MLP on sick call -**

Signature Staff Member

**H. BEAM, MD
FBI MCKEAN**

3/24/04

000186

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA <i>SHH AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN

ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS

NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU

PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

THANK YOU.

(Do not write below this line)

DISPOSITION:

*You were seen by Dr Howard 3/31/04
I will have you called on 4/1/04
for discussion of what needs
to be done*

Signature Staff Member

Date

000181

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER <i>DARRELL</i>	REGISTER NO.: 19613-039
DEPT. ASSIGNMENT: ORDERLY	UNIT: <i>AA S44 AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING

AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS

INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIAE THIS PAIN
I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

I refilled the medication

Signature Staff Member

Date

000182

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86

BP-5148.055 INMATE REQUEST TO STAFF CDPRM

SEP 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISON

TO: (Name and Title of Staff Member) DOCTOR MEDICAL	DATE: 3-28-03
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: SHU	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR, TODAY AT APPROXIMATELY 8:10 NURSE NELSON
ARRIVED AT SHU DOOR 101. I REQUESTED MEDICAL ATTENTION
AND WAS DENIED AGAIN. THIS IS THE FOURTH (4) TIME
I BROUGHT THIS TO HER ATTENTION CONCERNING MY SYMPTOM.

PLEASE LOOK INTO THE MATTER!

8th AMENDMENT

CRUEL AND UNUSUAL PUNISHMENT DENIAL OF
MEDICAL NEED, AND BEING DELIBERATELY INDIFFERENT!

(Do not write below this line)

DISPOSITION:

I saw you on 3/31/03, Are you still
having a need for evaluation? Your
note complaining about Nelson RN doesn't
mention your concern.

Please direct requests for care to
the PA or nurse practitioner or in making
rounds in the future. The nurse does not
diagnose problems.

Signature Staff Member

W. Beam

Date

4/3/03

000189

Record Copy - Full Copy - Inmate

This form is to be used via W.

W. BEAM, MD
FCI MCKEAN

This form replaces BP-5148.070 dated Oct 96
and BP-5148.070 APR 94

BP-5148.055 INMATE REQUEST TO STAFF CDPRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR ("MEDICAL")	DATE: 3-28-03
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: SHU	UNIT: A-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR, I HAVE BEEN IN ADMINISTRATIVE DETENTION FOR (13) DAYS
REQUESTING MEDICAL ATTENTION FOR MY MEDICAL NEEDS, SYMPTOMS, ("I HAVE
PUS, AND INFLAMMATION, BLEEDING, EXASPERATION, ON THE SURFACE OF MY HEAD")
I HAVE BROUGHT THIS TO THE ATTENTION OF YOUR MEDICAL TEAM HERE AT
FICIZ, MCKEAN. THEY ARE FIRST, SHIRT (NURSE (3) TIMES), EVENING WATCH NURSE
ON (2) OCCASIONS, AND (P.A. ON (2) OCCASION), AND STILL NO RESULTS.

DOCTOR, TO PREVENT THIS MATTER FROM RESULTING TO BE ~~NEW~~ ADJUDICATED
ON JUDICIAL PRECEDINGS PLEASE, LOOK INTO THE MATTER! CAUSE,
("8 AMENDMENT CRUEL AND UNUSUAL PUNISHMENT BEING DELIBERATELY
INDIFFERENT TOWARD MY MEDICAL NEEDS).

(Do not write below this line)

DISPOSITION:

*I will be by to examine your scalp
soon.*

Signature/Staff Member <i>H. Beam, MD</i> H. BEAM, MD FICIZ MCKEAN	Date 3/28/03	000190
Record Copy - Filed; Copy - Inmate (This form may be replicated via WP)		

This form replaces BP-5148.070 dated Oct 96
and BP-5148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. LENORD HOSPITAL	DATE: 06-05-02
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: SHU	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR LENORD, I HAVE A PROBLEM WITH BUMPS, SORES, BLEEDING ON MY HEAD. I TALK WITH SEVERAL P.A.'S AND I TOLD THEM THIS PROBLEM HAS BEEN THERE FOR 6 MONTHS OR MORE.

DOCTOR LENORD, IF YOU WOULD PLEASE COME TO (SHU) TO EXPLORE THIS MATTER, BECAUSE IT'S CAUSING EXCURCIATING PAIN.

THANK YOU!

(Do not write below this line)

DISPOSITION:

As you know I saw you today
while I was in SHU.

Signature Staff Member
Daniel Leonard, M.D.
Clinical Director

Date

6/5/02

000192

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) MEDICAL DOCTOR LENORD	DATE: JUNE 23, 2002
FROM: INMATE BAIGER	REGISTER NO.: #19613-039
WORK ASSIGNMENT: SAU	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR LENORD, I CONFABULATED WITH YOU TWO (2) WEEKS PERTAINING TO THE INJURY TO MY HEAD. I ALSO CONFABULATED WITH MS. TIGER (P.A.) SHE EXPLAINED THAT SHE WILL NOT PRESCRIBE ANY OTHER MEDICATION. THE SYMPTOMS THAT I HAVE ON MY HEAD ARE BLEEDING, SWELLING, RUSS, IRRITATION, SORE, AND EXCRUCIATING PAIN. IT HAS BEEN ONE (2) YEAR AND A 1/2 AND THE MEDICAL DEPARTMENT HERE AT FCI, LORETO HAS NOT PROVIDED ME WITH MEDICAL TREATMENT I AM REQUESTED. DOCTOR LENORD, PLEASE DO NOT BE DELIBERATELY INDIFFERENT TOWARD MY MEDICAL NEEDS.

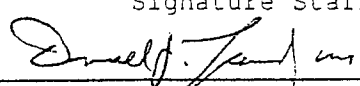
(Do not write below this line)

DISPOSITION:

YOU HAVE BEEN PLACED ON THE
WAITING LIST. WATCH THE CALL-OUTS

Received 6/26/02
DM

Please continue with the measures I discussed with you on 6/5/02 when I saw you to include decrease of frequency of washing scalp as the healing can be slow. You may follow up with the PA as needed until I can see you.

Signature Staff Member  Daniel Leonard, M.D. Clinical Director	Date 6/26/02	000191
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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BF-3148.055 INMATE REQUEST 1. STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
REASON FOR REQUEST: ORDERLY	UNIT: AA <i>SHH</i> AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN

ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS

NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU

PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

THANK YOU.

(Do not write below this line)

DISPOSITION:

You were seen by Dr Howard 3/31/04
I will have you called on 4/1/04
for discussion of what needs
to be done

Signature Staff Member

Date

3/31/04

Revised Copy - File; Copy - Inmate
This form may be replicated via WP

This form replaces BF-148.070 dated Oct 96
and BF-3148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER <i>DARRELL</i>	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: <i>AA SHG AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING

AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS

INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIAE THIS PAIN

I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

I refilled the medication

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUES TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: APRIL 28, 2004
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAD A CALL-OUT ON APRIL 28, 2004, AND MEDICAL STAFF SAID YOU CALLED IN SICK. DOCTOR BEAM, I WAS THE RECIPIENT OF DOCTOR STATHOPOULOS, M.D. MEDICAL REPORT WHEN I SAW HIM ON APRIL 15, 2004, AND HE INDICATED THAT I HAD SOME SCARRING OF THE FLOOR OF THE ORBIT WITH POSSIBLE ADHESIONS TO THE INFERIOR RECTUS MUSCLE. HE STATED THAT OPHTHALMOLOGIST LIKE TO WAIT TWO (2) WEEKS TO SEE IF IT WOULD HEAL ON ITS OWN OR SEE IF THE MUSCLE ENTRAPMENT IS RESOLVED. HE ALSO STATED THAT I WAS SIX (6) TO EIGHT (8) WEEKS OUT AND THAT I SHOULD GET A SECOND OPINION FROM AN ORBITAL PLASTIC SPECIALIST. DOCTOR BEAM I AM STILL HAVING EXCRUCIATING PAIN IN MY UPPER LEFT EYE AND I STILL SEE DOUBLE WHEN I LOOK UP, AND MY LEFT EYE DOES NOT ELEVATE OR LOOK AS FAR UP AS THE RIGHT EYE.

(Do not write below this line)

DISPOSITION:

The Apr 28 appt was to keep you abreast of developments. We're on top of things so you will get the care you need.

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUE .O STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: APRIL 22, 2004
FROM: DARRYL ORRIN BAKER INMATE:	REGISTER NO.: #19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I CONFABULATED WITH YOU ON SEVERAL OCCASIONS AND REQUESTED

A COPY OF MEDICAL REPORT FROM THE OUTSIDE SURGION WHEN I WENT TO SEE HIM ON APRIL 15, 2004.

DOCTOR BEAM, MAY I HAVE A COPY OF THIS REPORT SO I CAN SEE HIS DIAGNOSIS THAT WHERE SUSTAINED TO MY LEFT EYE ON FEBRUARY 27, 2004.

THANK YOU VERY MUCH!

Don Statopoulos

(Do not write below this line)

DISPOSITION:

I'll see what I can do

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

BEAM, MD
FCI MCKEAN

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: MAY 3, 2004
FROM: INMATE DARRYL BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I WAS TAKEN TO SEE AN ORBITAL SPECIALIST ON APRIL 30, 2004.

DOCTOR BEAM, I WOULD LIKE TO HAVE A COPY OF THE ORBITAL SPECIALIST LETTER
AND REPORT THAT EXPLAINS MY INJURY OR HIS ANALYSIS TO MY LEFT EYE.

THANK YOU!

(Do not write below this line)

DISPOSITION:

*I will forward this request
to medical records*

Signature Staff Member

[Signature]

H. BEAM, MD
H. WICKMAN

Date

5/5/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 AFR 94



AFFIDAVIT

SWORN UNDER THE PENALTIES OF PERJURY:

- (1) I inmate Thurman Johnson, was assigned to the ten (10) man cell on February 27, 2004.
- (2) That inmate Baker, was assaulted by to inmates in the ten man cell on February 27, 2004.
- (3) That Officer Weseman, was not patrolling the Unit when this assault took place on inmate Baker.
- (4) That Officer Weseman, was not in the Unit when the assault took place.
- (5) That Officer Weseman, was unaware what took place on February 27, 2004.
- (6) That inmate Baker, was bleeding profusely and suffered a injury to his left eye.

Respectfully submitted

/s/ Thurman Johnson
INMATE THURMAN JOHNSON
REG. NO.# 11013-055
P.O. BOX 8000
F.C.I. MCKEAN
BRADFORD, P.A. 16701

DATED APRIL 15, 2004.

THAT THESE STATEMENTS FROM 1 THRU 6 ARE TRUE UNDER THE PENALTIES OF PERJURY:

AFFIDAVIT

SWORN AFFIDAVIT UNDER THE PENALTIES OF PERJURY:

- was assigned to the ten (10) man cell on February 27, 2004.
- (1) I inmate
February 27, 2004, at approximately 8:05p.m. I was asleep in the ten
- (2) That or
11.
- (10) I awoke, I saw inmate Baker, being assaulted by two (2) other
- (3) Th
- Baker, was bleeding profusely and he had a injury to his left eye.
- (1

Respectfully submitted

/s/

INMATE TIMOTHY BRADLEY
REG. NO.#03098-0491
P.O. BOX 8000
F.C.I. MCKEAN
BRADFORD, P.A. 16701

DATED APRIL 10, 2004.

THAT THESE STATEMENTS FROM 1 THRU 4 ARE TRUE UNDER THE PENALTIES OF PERJURY:

November 5, 2006

Susan Paradise Baxter
Chief United States Magistrate Judge
United States District Court Judge
Honorable Judge McLaughlin

RE: OBJECTION TO THE MAGISTRATE JUDGE'S REPORT AND RECOMMENDATION:

Dear Clerk of Court:

Please find inside three (3) copies of the Plaintiff's Objection to the Magistrate Judge's Report and Recommendation.

Thank you for your continual cooperation.

Respectfully submitted

BY:

Darryl Orrin Baker
Darryl Orrin Baker
Reg. No. # 19613-039
Federal Prison Camp
P.O. Box 2000
Lewisburg, Pa.
17837

Encl.